



## RESOLUTION

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SUPPORTING THE RECOMMENDATIONS OF THE SELECT COMMITTEE ON ECONOMIC ASSISTANCE AND REVITALIZATION'S STAKEHOLDER ADVISORY GROUP.

WHEREAS, on March 4, 2020, the Governor of the State of Hawaii ("Governor") issued a Proclamation declaring the existence of a state of emergency in the State due to the COVID-19 outbreak and invoking his authority under the Hawaii Emergency Management Act, HRS Chapter 127A; and

WHEREAS, also on March 4, 2020, Mayor Kirk Caldwell ("Mayor") issued a Proclamation declaring the existence of a state of emergency in the City and County of Honolulu ("City") due to the COVID-19 outbreak and invoking his authority under the Hawaii Emergency Management Act; and

WHEREAS, on March 11, 2020, the World Health Organization designated the COVID-19 outbreak a pandemic of international concern; and

WHEREAS, on March 13, 2020, the President of the United States of America declared a national emergency in response to the COVID-19 pandemic; and

WHEREAS, in subsequent months, the Governor and the Mayor issued additional emergency proclamations and instituted measures in an attempt to control the spread of the virus, including: closing non-essential businesses, such as salons, gyms, and restaurants, and instituting a 14-day quarantine for incoming travelers; and

WHEREAS, while those measures were necessary to control transmission of the virus, they have also had an enormous negative impact on Hawaii's economy; and

WHEREAS, by Council Communication 138 (2020), dated May 5, 2020, Ikaika Anderson, Chair of the City Council ("Council"), announced the establishment of the Council Select Committee on Economic Assistance and Revitalization ("Select Committee"), which was tasked with developing recommendations on how the City could provide economic assistance to residents and safely reopen Oahu's economy; and

WHEREAS, on June 3, 2020, the Council adopted Resolution 20-138, FD1, urging the creation of a stakeholder advisory group to discuss economic assistance and revitalization efforts for the City in response to the COVID-19 pandemic; and



# CITY COUNCIL

CITY AND COUNTY OF HONOLULU  
HONOLULU, HAWAII

No. 20-210, CD1

## RESOLUTION

WHEREAS, the Select Committee's Stakeholder Advisory Group was formed shortly thereafter, with Josh Stanbro as a member and Administration Liaison, and the following 9 additional members, each recommended by members of the Council:

1. Donald Koelper, Member and Council Liaison;
2. Deacon Modesto Cordero, Member;
3. Ed D'Ascoli, Member;
4. Michael Formby, Member;
5. Erika Lacro, Member;
6. Ivan Lui-Kwan, Member;
7. Kevin Rathbun, Member;
8. Lee Stack, Member; and
9. Anna Stone, Member; and

WHEREAS, on July 29, 2020, the Select Committee's Stakeholder Advisory Group submitted its first Interim Report, attached hereto as Exhibit A, outlining the group's findings and six proposals; and

WHEREAS, on August 21, 2020, the Select Committee's Stakeholder Advisory Group submitted an Interim Report Addendum, attached hereto as Exhibit B; now, therefore,

BE IT RESOLVED by the Council of the City and County of Honolulu that it supports the recommendations of the Select Committee on Economic Assistance and Revitalization's Stakeholder Advisory Group and thanks its members for their diligence and dedication in helping their community navigate this pandemic; and



## RESOLUTION

BE IT FINALLY RESOLVED that copies of this resolution be transmitted to the Mayor and the Managing Director.

INTRODUCED BY:

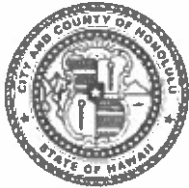
Ikaika Anderson

Tommy Waters

DATE OF INTRODUCTION:

August 19, 2020  
Honolulu, Hawaii

Councilmembers



**CITY COUNCIL**  
CITY AND COUNTY OF HONOLULU  
530 SOUTH KING STREET, ROOM 202  
HONOLULU, HAWAII 96813-3065  
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**STAKEHOLDER ADVISORY GROUP**

Select Committee on Economic Assistance and Revitalization  
Honolulu City Council

July 29, 2020

The Honorable Ikaika Anderson  
Chair, Honolulu City Council  
Honolulu Hale, Room 202  
530 South King St.  
Honolulu, HI 96813

The Honorable Tommy Waters  
Chair, Select Committee on Economic Assistance and Revitalization  
Honolulu Hale, Room 202  
530 South King St.  
Honolulu, HI 96813

Dear Chairs Anderson and Waters:

In accordance with the directive of Resolution 20-138, FD1 which was adopted by the Honolulu City Council on June 3, 2020, your Stakeholder Advisory Group is submitting to you and the City Council its first Interim Report outlining its members' findings and proposals to date, which are further offered in detail as follows:

- **PROPOSAL No. 1:** The HUB Community Emergency Resource Centers
- **PROPOSAL No. 2:** Using the Affordable Care Act (ACA) to Reconnect Unemployed to Health Care Coverage
- **PROPOSAL No. 3:** Expand Breadth and Reach of City and County CARES Act Funding to Include Businesses Other than Those with a Storefront
- **PROPOSAL No. 4:** Retooling and Retraining O'ahu's Workforce
- **PROPOSAL No. 5:** Re-Opening Tourism through the Establishment of a Honolulu Entry Control Point (ECP) at Daniel K. Inouye International Airport
- **PROPOSAL No. 6:** Community Needs and Organizational Impacts (Specific Organization Requests)

The members of your Advisory Group are committed to continue working together to assist the City's efforts to address the present health emergency and will present our findings in further interim reports as necessary. We are also available for questions should you otherwise wish to further discuss our proposals.

Mahalo nui loa for your consideration of these initial proposals, and for your confidence in your Advisory Group. We truly appreciate this opportunity to serve our community and assist the City's efforts in this matter on behalf of all residents of the City and County of Honolulu.

Mālama pono,

**DONALD KOELPER**

Member and Council Liaison, on behalf of your Stakeholder Advisory Group

**DEACON MODESTO CORDERO**, Member

**ED D'ASCOLI**, Member

**MICHAEL FORMBY**, Member

**ERIKA LACRO**, Member

**IVAN LUI-KWAN**, Member

**KEVIN RATHBUN**, Member

**LEE STACK**, Member

**ANNA STONE**, Member

**JOSH STANBRO**, Member and Administration Liaison

## **I. PROPOSAL No. 1: The HUB Community Emergency Resource Centers**

The coronavirus pandemic has affected everyone in various capacities, from individuals to the largest corporations. But nowhere is this being more acutely felt than in those individuals in Hawai'i who were already struggling to get by prior to the arrival of COVID-19. Many in our O'ahu communities are experiencing frustration, anger, loss, and despair for the future. Some are paralyzed by fear, and are hesitant about starting over out of concerns of wasting time and what limited resources they may have. Others are simply waiting for the nightmare to be over.

But with statewide unemployment numbers estimated at upwards of 250,000 individuals and federally enhanced unemployment benefits about to run out at the end of July, your Advisory Group recommends that the City and County of Honolulu prepare for a very sharp increase in resident requests for financial assistance, by establishing a HUB Community Emergency Resource Center to promote financial stability through community navigation and centralized agency coordination.

Early proactive responses were effective. Aloha United Way initiated the COVID-19 Rent and Utilities Assistance (CRUA), program, which was then followed by the City and County of Honolulu's Household Hardship Relief Fund (HHRF), which provided targeted financial assistance to O'ahu residents when CRUA funds were expended. Program guidelines primarily benefited those with up to up to \$15,000 in savings and an average median income of 100%.

However, there are a significant number of O'ahu residents who simply lacked the technological knowledge and capacity to apply for such assistance, which include lack of internet access necessary to access online financial aid platforms and digital skills to perform minimal tasks to self-advocate. Many who have heretofore relied on public spaces for technology assistance, such as the public library, presently have nowhere else to go. Those who can't provide proof of personal hardship, even though they clearly are experiencing such, are effectively prevented from accessing CARES Act-related assistance.

Other secondary barriers for workers dislocated by the economic downturn are:

- Lack of knowledge regarding the existence of assistance programs, or where to go for advice and information;
- Confusion over multiple service providers with multiple forms with inconsistent or incomplete information;
- Transportation to usual City and State Offices;
- Easy Access and short waiting times or lines for services;
- Not having adequate documentation to apply for relief or services;
- Immediate short-term food supplies;
- Presumptive Eligibility for short term supplies, relief and services;
- Quick Access to non-emergency, elective health care and screening;

- Disconnect between the ability to pay for food and small business services, and channeling funds to small businesses, such as food stamp like vouchers or coupon books targeting smaller restaurants and businesses;
- Anxiety and uncertainty of need to stay home for young children not in school or preschool, vs. going to work and risking loss of income and job;
- Lack of easy access for OTC and prescription drugs;
- During flu season, access to vaccinations;
- Confusion and disorientation upon entering a large venue with confusing signage and triage sections; and
- Inability to access comprehensive case managers for multiple services.

The HUB concept is a publicly accessible, highly coordinated and fully integrated response to the steadily escalating public need through the establishment of a Community Emergency Resource Center (CERC) at Blaisdell Center, with affiliated satellite facilities established by nonprofit organizations at key access points throughout the City and County of Honolulu. The CERC would be a “one stop shop” to provide emergency relief to clientele / applicants in a timely, coordinated and efficient manner, through the use of resident advocates to assist applicants in the intake and processing.

While your Advisory Group appreciates the fact that the City has long utilized and even preferred a decentralized approach in the delivery of social services, we would note that in times of emergency, such an approach runs the risk of a disjointed or dislocated response in its effort to rise to the occasion. This often results in logjams and backlogs, such as what happened to the State Dept. of Labor and Industrial Relation’s unemployment office when it was inundated with over 200,000 unemployment claims.

Your Advisory Group therefore recommends that the City consider incorporating a disaster relief and response model for the HUB-CERC, in which recovery shelters and service centers are set up to provide clear, fast, fair, and effective short-term and long-term responses to individual and family needs in order to facilitate and accelerate the client’s return to the workforce. Further, we highly recommend that the City’s default assumption be proactive rather than defensive. If individuals or families request financial assistance, it should be assumed that they require the assistance and are not seeking to defraud the City treasury.

The HUB approach would further enhance the present workforce capacity of nonprofit organizations to manage the CERC-affiliated satellite facilities, with additional temporary six-month hire of resident advocates to increase the intake volume and processing speed of applications for assistance. The CERC would be responsible for:

- Ensuring that necessary resources are provided to implement HHRF and other financial aid programs, in anticipation of the projected increase of financial aid applications by O’ahu residents.

- Ensuring that information is disseminated to the public with clear language and concise instructions.
- Implementing a coordinated system whereby one client is only applying through one facility and resident advocate.
- Coordinating HUB resources to ensure that satellite facilities have sufficient capacity to meet public demand.
- Cutting through red tape and procurement delays.
- Providing coupons or redeemable cash certificates for use at local small businesses to channel existing financial community capacity directly where it is needed most.
- Creating categories of short-term presumptive eligibility, permits, and access to federal funds.
- Creating administrative standards for quick turn arounds, answers, and service delivery for those most in need.
- Collecting usable data on walk-in residents regarding gaps between HUB services offered and HUB services actually requested or needed.

Resident advocates will be responsible for:

- Conducting initial client intake assessments, which include a determination of eligibility.
- Recording and maintaining accurate client information through data entry and uploading of any personal documents necessary for financial aid processing.
- Maintaining hard files and electronic files of client information and documents that are clear, though, complete and current.
- Ensuring that client privacy guidelines are respected and followed.
- Assisting a client's efforts to obtain and utilize appropriate community resources in a responsible manner.
- Conducting motivational interviews to encourage clients toward self-sufficiency.

Participating nonprofit agencies in the HUB program will be responsible for:

- The hiring and training of resident advocates, utilizing furloughed or unemployed individuals, student interns and motivated community members.
- The administration and oversight of personnel resources, including wages, salaries and fringe benefits.
- Ensuring that resident advocates are evaluated fairly for performance, and are accountable for following and maintaining agency guidelines and CERC-established procedures.

As noted earlier, the Community Emergency Resource Center (CERC) would be established at Blaisdell Center, with affiliated satellite facilities established by nonprofit organizations at key access points throughout O'ahu. While these sites have yet to be identified, key criteria for such locales should be ease of access, and ample space where social distancing requirements and

COVID-19 safety guidelines can be safely practiced. Some suggested HUB satellite facility locations are:

- **TheBus transit stations:**
  - Pearl City-Waimano Hm Rd.
  - Kalihi Transit Center-Middle Street
  - Alapa'i St Transit Center
- **District Parks & Community Centers:**
  - Waianae Community Center
  - Windward Community Center
  - Ahuimanu Community Center
- **Dept. of Parks & Recreation Districts:**
  - East HNL – Hawaii Kai to McCully
  - West HNL – Makiki to Aiea
  - Leeward – Pearl City to Waianae to Wahiawa
  - Windward – Waialua to Waimanalo
  - Central (Office) Waipahu/Waipio
- **Other potential sites:**
  - Aloha Stadium
  - Papakolea Recreational Park
  - Blaisdell Center (Exhibition Hall and / or Arena)
  - Hawai'i Convention Center
  - Waianae Mall
  - Ala Moana Center Lower Parking Lot

The HUB-CERC concept can fully facilitate and utilize the public-private partnership model through coordination of management between city agencies and nonprofit organizations such as Aloha United Way, Catholic Charities, the American Red Cross and the Salvation Army:

- The use of Smart Sheets, which collects the information and data needed by the City Dept. of Community Services, will enhance the efficiency of the client intake process and minimize the potential for duplication of effort in which multiple agencies are simultaneously processing financial aid applications from the same client.
- Resident advocates can also work with clients to ensure that they maintain vital health care coverage while unemployed. (See Proposal No. 2, "Using the ACA to Reconnect Unemployed to Health Care Coverage.")
- Clients who work in COVID-affected industries such as tourism and hospitality can be referred to programs offered by the University of Hawai'i Community College System, which can provide retraining for other professions. (See Proposal No. 4, "Retooling and Retraining O'ahu's Workforce.")

- The HUB-CERC can reach out to telecommunications companies such as Spectrum, Hawaiian TelCom, Verizon, AT&T and T-Mobile to provide Wi-Fi access and cell phone service.
- Given social distancing requirements and COVID-19 safety guidelines, it might be wise to consider using a call-in center to schedule clients by appointment only, which will give HUB-CERC supervisors to manage intake flow in an efficient manner and redeploy personnel to various satellite facilities as necessary to meet public demand.

Finally, it is vital that the City institute a public information campaign to inform residents that financial assistance is available to those who request it, using language that is clear, concise and easy to understand. Dissemination through a series of public service announcements utilizing radio and TV stations (including cable), press releases and public appearances to news media, and flyers and brochures distributed to O'ahu's community health centers and other relevant facilities where potential clientele are likely to congregate. The HUB-CERC will also need to do outreach to immigrant communities where English is not the first language spoken, so accommodation and budget for interpreters will be necessary.

A rough budget outline utilizing 30 resident advocates for a six-month period (August through January), which is scalable to meet demand, is as follows:

<b>HUB Community Emergency Resource Center (Aug. 2020 – Jan. 2021)</b>					
<b>Item</b>	<b>Salary / Compensation</b>	<b>Fringe Benefits</b>	<b>Unit Cost</b>	<b>Number of positions, units or hours</b>	<b>Total</b>
<b>Resident Advocate (30)</b>	\$21,840	\$8,736		30	\$ 917,280
<b>Technology &amp; Supplies (30)</b>			\$2,600	30	\$ 78,000
<b>Interpreters</b>	\$40 / hour			1000 hrs.	\$ 40,000
<b>Media &amp; Communications</b>					\$ 20,000
<b>TOTAL</b>					<b>\$1,055,280</b>

## **II. PROPOSAL No. 2: Using the Affordable Care Act (ACA) to Reconnect Unemployed to Health Care Coverage**

Hawai'i's unemployment rate is presently over 20 percent, and that number is unlikely to decrease substantially any time soon. Your Advisory Group notes that newly unemployed residents will lose their health care coverage upon formal separation from their employers, and they often cannot afford COBRA continuation coverage which can top \$1,700 / mo. for a family of four in Hawai'i.

Your Advisory Group would urge the City to assist these economically dislocated residents by fully utilizing the provision of the Affordable Care Act (ACA) that allows unemployed and separated workers to enroll immediately through [healthcare.gov](https://www.healthcare.gov) marketplace for a period of 60 days following their date of separation, without having to wait for the open enrollment period. This will effectively allow them to avail themselves of the federal subsidies available through the ACA to maintain their health care coverage for themselves and their families.

We would note that ease of access to affordable health care is a necessity for Hawai'i's newly unemployed. A virtual hands-on approach to the enrollment process will supplement existing resources to helpful links. Industry outreach coordinators can work with employers to enroll impacted employees through the federally subsidized ACA exchange before they lose their job-related health care coverage.

While primary focus is on residents of the City and County of Honolulu, the program is easily scalable to include other county jurisdictions that wish to participate. Further, strategic partnerships with employers, business partners, labor unions and employment agencies such as Altres and ProService can considerably expand outreach to affected communities, which can leave other public and private agencies to focus on their ongoing goals.

Should the City adopt a proactive policy such as the one outlined by your Advisory Group in Proposal No. 1, we would strongly urge that this particular initiative be incorporated into the client intake process, to ensure that local residents are able to maintain continued access to affordable health care for the duration of this public health emergency.

### **III. PROPOSAL No. 3: Expand Breadth and Reach of City and County CARES Act Funding to Include Businesses Other than Those with a Storefront**

Per our briefing from the City administration, your Advisory Group found that the initial round of City payments to O'ahu small businesses focused primarily on those which had "storefronts," that is, a fixed place of business that was visible to the general public, such as a restaurant or retail store. Unfortunately, this excluded those businesses which did not necessarily operate from such a site, or were operated primarily from a residential home office.

We would note that the City's support of O'ahu's small businesses is necessary to maintain the technical capacity and knowledge base of a diverse and productive economy. Investing in our island's small business infrastructure in a sufficient and timely manner can preclude more unnecessary business closures, which will result in less idle resources, reduced spikes and persistence in local unemployment, and the preservation of much-needed managerial, entrepreneurial, and innovative talent for our community's future growth.

Your Advisory Group urges the City to consider expanding its breadth and reach into O'ahu's greater business community, with the stated goal of fund disbursement as quickly as possible into businesses and other organizations. Again, we believe that the City's default assumption be proactive rather than defensive. If a business asks for assistance, it should be assumed that it really does need the assistance and is not seeking to commit fraud.

Your Advisory Group recommend that the following revisions to City policy be considered to include non-physical place of businesses, including:

- Non-long line commercial fishing (long line has separate funding);
- Businesses with PUC-registered commercial vehicles (e.g., tour vans, delivery trucks) or boats (e.g., tour boats);
- Catering;
- GIG economy expenses not covered under PUA, PPP, EIDL or other sources.

Your Advisory Group further recommends the following revisions to process be considered:

- Allow businesses to apply for funds up to 3 separate times.
  - No less than one month between each application period.
  - Limit of \$10,000 per application period.
- Businesses that previously applied and received funds remain eligible to apply again up to the maximum allowed limit.
- Raise the limit to \$3 million in sales for less than 100 employees. (Many restaurants have higher percentage of part time employees and larger floor space resulting in higher sales.)
- Increase the funding limit per business from \$10,000 to \$25,000.
- Recruit more credit unions to disburse funds

Investing in O'ahu's business infrastructure and the local economy will generate increased general excise tax revenues for State and City coffers. To assist small businesses in reopening and reconfiguring operations during a prolonged COVID-related period of emergency, the City should consider:

- Providing funds for small businesses to invest in PPE for the safety of their employees and customers.
- Providing funds for those tourist centric small businesses to move their business model towards a resident centric model, online hybrid model, etc.
- Offering owners of commercial real estate the opportunity to pay property taxes due in August 2020 and February 2021 at a later date, thereby reducing the expenses incurred as a result of legal action to enforce collection.

As we also noted in Proposal No. 1, it is vital that the City institute a public information campaign to inform residents that financial assistance is available to those who request it, using language that is clear, concise and easy to understand. Dissemination can be achieved through a series of public service announcements utilizing radio and TV stations (including cable), press releases and public appearances to news media, and flyers and brochures.

#### **IV. PROPOSAL No. 4: Retooling and Retraining O'ahu's Workforce**

With June 2020 O'ahu unemployment rates at 12.5%, compared with 3.2% last year, there is an urgent need to connect residents with employment. Many job seekers will require a refresh of skills to re-enter employment or development of new skills for new occupations or careers.

A recent national survey found that 35% of survey respondents who lost hours or employment believed that they needed more skills in their current field to get a similar job and 34% believed that they needed more skills to transition to a new career field.

Your Advisory Committee recommends partnering with the University of Hawai'i Community Colleges (UHCCs) to retool and retrain City residents to develop their skills and knowledge to be prepared for available jobs and to earn certificates valued by employers, especially for occupations which often have vacancies and in growing industries.

UHCCs can provide short term job training for up to 4,000 City residents through December 2020. Services will target those who are unemployed or underemployed because they have lost hours and employment due to COVID-19 impacts.

Participants will be recruited through referrals from American Job Centers, community-based organizations, and rapid response teams working with employers, as well as outreach directly from the colleges. UHCCs can serve residents City-wide through its four O'ahu campuses, as well as the Wai'anae Moku education center, as well as online delivery.

UHCCs will target two areas for workforce preparation: 1) in-demand jobs where employment is currently available or projected to be available in the short term, such as healthcare, and 2) certifications for Hawai'i jobs that are high demand, growing and/or high wage based on labor market data, employer insights and local economic development aspirations.

Targeted certifications will be based on the list of "Promising Credentials" identified in the draft *From Today to Tomorrow: A Talent Roadmap to Support Economic Recovery in Hawai'i* document and from recommendations of leaders in emerging industries identified by the Department of Business, Economic Development and Tourism.

These value-added training opportunities will take 2-12 weeks. Examples of these training opportunities include Certified Nurse Assistant, Cisco Certified Network Associate, Commercial Driver's License Class A and ServSaf Certification (food handling).

UHCCs will adapt existing programs for the COVID-19 context, providing training through online options or a combination of online and in person (with social distance) interactions.

UNIVERSITY OF HAWAI'I COMMUNITY COLLEGES (UHCCs) O'ahu Workforce Development and Retraining Program		
Item	Description	Total
Short term job training (leads to industry certification)	4,000 participants @ \$2500/participant (average)	\$10,000,000
Indirect cost (will cover administrative costs including recruitment, coordination, fiscal, reporting and technology)	36.5% (Other Sponsored Activities)	3,650,000
<b>Total</b>		<b>\$13,650,000</b>

**V. PROPOSAL No. 5: Re-Opening Tourism through the Establishment of a Honolulu Entry Control Point (ECP) at Daniel K. Inouye International Airport**

**The Problem:** The State of Hawai'i had announced an initiative to formally reopen the islands to tourism on August 1, 2020, which has since been pushed back to September 1. Likewise, Hawaiian Airlines also announced that on August 1, it would be restoring flights to and from six additional mainland cities, including nonstop service between the west coast and Kaua'i, Maui and Kona. Other major airlines have either followed suit, or are likely to do so.

Your Advisory Group has significant concerns, evidently shared by many of our fellow residents, that this decision will leave Hawai'i with multiple ports of entry from mainland cities during a steadily escalating coronavirus pandemic. Further, although our primary focus is rightly on the safety and well-being of all residents in the City and County of Honolulu, we also fear that

neighbor island communities in particular may be particularly vulnerable to such an elevated exposure, due to their limited medical resources to cope with a serious outbreak.

The clear lack of any real public discussion on the part of public officials regarding a plan to manage the reopening of tourism has led to a corresponding erosion in public confidence whether there's actually any plan at all, other than simply hanging out the "Open for Business" sign and opening the doors. Further discussion by tourism officials about marketing Hawai'i's present standing as "the safest place in America" is cause for alarm because absent any coherent and achievable plan to manage an influx of thousands of tourists, we likely won't be for very long.

A federal court has recently upheld the validity of Hawai'i's quarantine order. However, your Advisory Group has reservations that the State and counties possess the requisite capacity to enforce that quarantine order on September 1, given multiple ports of entry into Hawai'i for mainland tourists at Honolulu (HNL), Lihue (LIH), Kahului (OGG), Kona (KOA) and Hilo (ITO). There are numerous anecdotal reports about tourists openly flouting the order, particularly on the Island of Hawai'i. Chains are only as strong as their weakest links.

**Proposed Solution:** While federal law prohibits the State from regulating interstate travel, your Advisory Group would note that the State does control the gate assignments (slots) at the five aforementioned ports of entry. Further, of those five airports, to properly uphold Hawai'i's quarantine order, and properly screen and triage arriving mainland passengers while still reopening the State's tourism industry, your Advisory Group suggests that HNL has more than sufficient capacity to absorb and service all overseas flights to and from Hawai'i, just as it once did in the 1960s and '70s.

Therefore, your Advisory Group would urge City officials to suggest that HNL serve and function as the sole entry control point (ECP) for the entire State of Hawai'i during the initial phase of a planned and controlled reopening of the Hawaiian Islands to tourists. This would allow State and City officials and personnel to closely screen, monitor and process all arriving (and departing) overseas passengers through a single port of entry, rather than at five different airports.

Can the State make such restrictions? Yes, it can. The Federal Aviation Administration (FAA) guides state and local governments to partake in the following actions with regards to any proposed restrictions on air transportation:

- "Consider the logistics of how your government will collect information and perform screening."
- "Identify the intent of any actions and the groups to be targeted by quarantine and travel / movement restriction procedures."
- "Identify the resources necessary for implementation."

Effectively, so long as FAA regulations are upheld and that agency's approval has been obtained, it is entirely appropriate for the State of Hawai'i to manage the flow of arrivals (siting and entry-

control) as a “quarantine or travel restriction on persons entering from certain locations within the United States and U.S. territories with sustained community transmission.”

Your Advisory Group would note that an ECP protocol is not a new or unprecedented concept. In fact, the Commonwealth of Puerto Rico (consisting of four islands) has already been granted FAA approval to route all scheduled and unscheduled commercial flights through a single airport, Luis Muñoz Marín International Airport in the capital city of San Juan, where public health authorities screen all arriving passengers before they are allowed to continue on to their respective final destinations.

Therefore, your Advisory Group respectfully suggests that HNL can and should serve as the State’s COVID firewall, with a passenger screening process that’s as thorough and rigorous as that which is already used by U.S. Customs and Border Protection at all airports with international service. The process would work as follows:

- Close all neighbor island airports to overseas flights by strategically blocking gate slots at LIH, OGG, KOA and ITO to preclude direct mainland-neighbor island flights, and assigning slots at those facilities to allow for interisland flights only.
- Until further notice, all arriving airline passengers to Hawai‘i would be routed through HNL, which as noted earlier has sufficient capacity to accommodate the rerouted mainland-neighbor island flights in addition to HNL’s already scheduled service.
- All arriving passengers would be processed and screened for COVID-19 at HNL, which already has a quarantine area. Those who do not have valid COVID test results would be offered tests.
- Arriving passengers with valid COVID test results would be allowed to board connecting interisland flights at HNL if the neighbor islands are their primary destinations. Others would be allowed to proceed to their destinations on O‘ahu.
- Arriving passengers who are O‘ahu residents but do not have valid COVID test results will still be required to shelter at their place of residence until test results come back negative or 14 days have passed, whichever comes first.
- For those arriving passengers who are not State residents and do not have valid test results, they will be required to check in at a designated hotel for quarantine. In that regard, your Advisory Group would strongly suggest that the State consider requisitioning the use of the ‘Ohana Airport Hotel for this purpose. Quarantine can likely be managed more efficiently there than in Waikiki, because the airport industrial area offers little temptation or incentive for tourists to roam the surrounding immediate community.
- The City should stand ready to assist the State in enforcing ECP protocols, such as hiring individuals to conduct contact tracking and tracing under State Dept. of Health director, and provide security (Honolulu Police Dept. or other security personnel) at the designated hotel for quarantine.

## **VI. PROPOSAL No. 6: Community Needs and Organizational Impacts (Specific Organization Requests)**

The following requests for assistance to your Advisory Group from nonprofit organizations on O'ahu are attached as addendums to this interim report, and are representative of the important role that many such organizations play in providing vital services to residents in our communities. In that regard, your Advisory Group strongly recommends that the City actively solicit proposals from nonprofit organizations across our island, encouraging them to first assess the present situation and immediate need in their respective communities during the present public health emergency, and then seek to address it proactively.

### **(1) Waianae Coast Comprehensive Health Center**

#### **Suggestions:**

- Mental health services for affected persons due to conditions created or exacerbated by the COVID-19 pandemic
  - Fund a mental health line, advice line or service directory.
  - Subsidize or fund low-cost or no-cost mental health services for persons dealing with depression, anxiety, job loss, etc. and other COVID-related issues.
- Telehealth support for at-risk populations
  - Funding to support telehealth resources (equipment, broadband, cell phone plan, etc.) for at-risk population needing telehealth services.
  - Funding to support a community education initiative for at-risk populations to receive telehealth services.

**Request:       \$790,000 COVID-related impact funding to cover losses incurred by emergency room operations for the period of Mar.-June 30, 2020.**

Your Advisory Group notes that Waianae Coast Comprehensive Health Center (WCCHC) is a community-owned and -governed not-for-profit health care agency. And because community health centers tend to operate on the margins, operational efficiency is at a premium. In that regard, WCCHC differs from the institutionally-based model of health care delivery, in that the care it provides for residents of O'ahu's leeward coast is customer-driven, rather than patient-centered.

To that end, WCCHC remains committed to a wholly-integrated model of care that places both family and community at the center of attention and governance. Community health centers such as WCCHC have both means and opportunity to change the traditional dynamic of health care, by embracing a team-oriented, culturally grounded approach to its delivery of services.

Your Advisory Group also notes that WCCHC's emergency room (ER) operations provide a standby capability to the EMS and disaster response systems of both the State of Hawai'i and the

City and County of Honolulu that is absolutely integral and crucial to the success of their respective efforts during a major crisis.

In that regard, it was distressing to learn that even before the COVID-19 pandemic, WCCHC was experiencing significant financial shortfalls in its emergency room (ER) operations. The State subsidy for its ER has not been adjusted in 15 years, even as its facility expenditures have greatly increased.

Beginning in mid-March of this year, following the declaration of the statewide COVID-19 public health emergency (PHE), WCCHC incurred a loss of approximately 50 percent of its monthly total patient visits that in pre-pandemic times often exceeded 18,000 per month. This in turn led to an initially projected operating loss of \$8 million for the recently concluded fiscal year, which represents 12 percent of WCCHC's operating budget. Thanks in part to a rapid conversion to telehealth, WCCHC was able to rebound to about 8 percent of its pre-COVID visit levels.

Unfortunately, this trend has not occurred in the ER, where telehealth is not as transferable as outpatient visits and many patients are avoiding or delaying on-site, in-person visits. Further, WCCHC has incurred additional operating expenses in areas of emergency preparedness, COVID-19 infection control, enhanced screening and testing, and the purchase of personal protective equipment (PPE) and other supplies. The cost alone of adding an extra ER Tech on the 12:00 mid-8:00 a.m. shift was \$293,040. After accounting for all sources of CARES Act relief funding and Medicaid relief funding from the federal government, WCCHC would still end the year with a loss of approximately \$2 million.

While your Advisory Group acknowledges the present enormous demands upon the State budget, we would nevertheless note that it is inconceivable that WCCHC, which is the primary source of health care for the region, can long endure these levels of projected losses and still remain a viable entity that employs over 500 people. The residents of our island's leeward coast deserve equity with other O'ahu and neighbor island communities regarding the fair allocation of resources to meet emergency needs.

Therefore, your Advisory Group finds that due to the State's apparent tardiness in grasping the urgency of the health center's situation, WCCHC's request for \$790,000 in local CARES Act impact funding is both reasonable and justified. We urge the City to give this request its utmost consideration and grant WCCHC the immediate fiscal relief it surely deserves, and then seek proper reimbursement from the State's own CARES Act funds for this necessary expense of keeping WCCHC's ER operations open for the duration of the emergency.

**(2) Boys & Girls Club of Hawai'i**

Boys & Girls Clubs of Hawai'i (BGCH) annually serves more than 4,300 youth, ages 7 to 18, by providing a safe place for them to be after school and on weekends, where they can interact with caring adult mentors, learn about good citizenship and leadership through positive interaction

with positive role models, and have the opportunity to participate in enriching programs at its Clubhouses.

These after-school programs create mutually caring, trusting and respectful relationships between youth and adults, which lead to positive youth development. As studies have shown, youth who participate in after-school programs have improved academic achievement, higher social competence, improved emotional health and reduced problem behaviors.

Further, BGCH families tend to be from underserved communities, and these communities have hit the hardest by the consequences of the COVID-19 pandemic. Your Advisory Group considers it critical to the social health and well-being of these communities that BGCH's vital programs remain open not only during the pandemic, but during the recovery period as well.

Over four out of every five children and adolescents served by BGCH in the City and County of Honolulu come from low-income families. BGCH operates six clubhouses on O'ahu in the following locales, all of which are located on or near Title I schools:

**Central Honolulu (Mo'ili'ili):**

- **Charles C. Spalding Honolulu Clubhouse and the Harry & Jeanette Weinberg Teen Center** 1704 Waiola Street, Honolulu, HI 96826

**'Ewa Beach and Kapolei:**

- **Hale Pono 'Ewa Beach Clubhouse and the Harry & Jeanette Weinberg Teen Center** 91-884 Fort Weaver Road, Suite A, 'Ewa Beach, HI 96706

**Leeward Coast:**

- **NFL Youth Education Town (YET) Center Hawaii Nānākuli Clubhouse** 89-159 Mano Ave, Wai'anae, HI 96792
- **Nānākuli Teen Center** 89-969 Lahikiola Place, Wai'anae, HI 96792
- **Wai'anae Clubhouse** 85-165 Plantation Road, Wai'anae HI 96792

**Windward Coast (Kailua):**

- **Windward Clubhouse** 145 S. Kainalu Dr., Kailua, Hawaii 96734

BGCH has been working with the Hawai'i Dept. of Education (DOE) to align its programs with those offered at Hawaii public schools to collectively serve more youth, continue their education, and keep them safe and supported during these uncertain times. Clubs were reopened at the end of June for a modified four-week summer program, and the organization is presently constructing a plan to hire DOE teachers during periods when schools are closed, and also in the event DOE has to furlough faculty.

**Request:**        **\$800,000 COVID-related impact funding to cover losses of funding incurred by March 2020 shutdown, which will enable BGCH to reopen when public schools do the same.**

Funds requested would cover \$300,000 in lost earned revenues through membership and intersession fees, \$400,000 in lost contribution revenue due to the cancellation of significant fundraising events, and \$100,000 in lost contribution revenues due to foundations pulling back on grant support. Your Advisory Group would note that because of the high unemployment rates brought about by COVID-19 pandemic, many of BGCH's client families can no longer afford membership fees due to other pressing financial concerns such as food and rent. The City's assistance would not only allow BGCH to keep the doors open, but allow the children of the families to continue participating in these worthwhile programs.

**Request:       \$150,000 for Weed & Seed program, housed at the 'Ewa Beach Clubhouse**

Many BGCH youth come from families with a history of crime, substance abuse, domestic violence and even foster care. The Weed & Seed program is a critical component of the BGCH youth development curriculum, and offers children and adolescents an opportunity for positive experiences with law enforcement personnel to build mutual trust and respect. This relationship benefits the community directly as habitual and violent offenders, drug dealers and other criminals are removed from the community.

**(3)     Protectors of Paradise (Waipahu, HI)**

Protectors of Paradise is a 501c(3) nonprofit organization with a mission "to ensure the conservation and protection of the land, ocean, community, and wildlife of Hawai'i from any abusive or harmful activities in order to preserve the beauty and our resources for future generations." Its immediate focus is west O'ahu and the Leeward coast, often referred to as the island's "dumping grounds." Since its founding in 2016, organization members have removed over 500,000 pounds of refuse from the area, including more than 40 derelict vehicles and hundreds of tires from the leeward coast.

You Advisory Group notes that since the onset of the COVID-19 pandemic, the Leeward coast has seen a significant escalation in use by people from across the entire island of O'ahu, some of whom are unfortunately attracted by the lack of law enforcement personnel in the community. Further, there's also been a marked increase in homelessness living along the Leeward coast, many of whom are not otherwise residents of Wai'anae Moku. The amount of illegal dumping has also increased accordingly, which would quickly become a major public health and safety hazard were it not for the efforts of organizations like Protectors of Paradise.

**Request:       \$121,830 to replace City GIA funding lost with the COVID-19 pandemic and subsequent economic downturn**

Protectors of Paradise aims to sustain and expand its cleanup, conservation and protection efforts along the Leeward coast and restore the area's native state to the extent possible, through the removal of debris, restoration of native plants, and prevention of harmful environmental activity through cooperation with law enforcement, community education and cultural awareness.

Funding will provide for the removal of at least 115,000 pounds of trash, marine debris and abandoned derelict vehicles from the Leeward coast, the reintroduction of native plants to at least one coastal area within the Wai'anae Ahupua'a, the continued monitoring and reporting of environmental infractions in the area, the provision of environmental education activities at nine public schools in the Leeward coast community, and the hosting of four cultural workshops focused on the Leeward coast.

**(4) Catholic Charities Hawai'i**

Catholic Charities Hawai'i (CCH) was founded in 1859 as the Catholic Women's Aid Society, which assisted immigrant plantation workers adjusting to life in Hawai'i and providing food, clothing, and medical aid. In the late 1940s, it was renamed Catholic Charities to reflect the organization's broadened social services outreach to families and children devastated by the impact of the Second World War. Today, CCH is one of the largest nonprofit social services agencies in the State, organized into three affiliate agencies: Immigrant and Community Services, Elderly Services, and Family Services.

**Request #1: \$80,000 to operate a Helpline available to all Oahu residents requesting assistance**

Your Advisory Group notes that CCH has experienced a 200% increase in calls for assistance in the last 3 months as COVID -19 impacted Hawai'i residents. Such assistance includes all essential needs including rental, utility, childcare, food and other essential needs. The funding would provide for 3 additional staff to answer phones for six months (\$75,000) and corresponding equipment, such as computers and cell phones (\$5,000). Those in need of assistance can be connected in a timely manner to much-needed resources, and the agency can efficiently and consistently centralize the tracking of data and processing of needs, which can eliminate opportunity for duplication, increase agency knowledge of resource needs, and result in a much more simplified process for those in need.

**Request #2: \$300,000 to hire four social workers to work alongside public safety personnel (police, fire and EMT) to non-emergency calls that may have a behavioral health component**

This program will partner public safety officers with social workers to directly address an increase of mental health, domestic violence and other law enforcement situations. Non-emergency calls to the 911 system would be rerouted from law enforcement to a social services team – comprised of a medic and a crisis worker – when such calls have a strong behavioral health component, appear to be nonviolent, and do not pose an imminent safety risk or threat to the person in distress. The social services team would respond to the call, assess the situation, assist the individual if possible, and then help get that individual to a higher level of care or necessary service if that's what's really needed.

Your Advisory Group notes that this program is modeled on similar and successful efforts in Eugene, OR and Colorado Springs, CO. It can be argued that it is also a pro-law enforcement initiative, because police officers are often ill-equipped to deal with social service issues involving the mentally ill and dysfunctional households, would likely welcome the assistance of trained professionals who are.

**Request #3: \$50,000 for personal protective equipment (PPE)**

Funds would be used to purchase sanitizing devices and agents for CCH offices, shelters and transportation vehicles.

**(5) Hilopa'a Family to Family, Inc.**

Hilopa'a Family to Family, Inc. serves as the state's Family to Family Health Information Center and has provided information and referral, support, technical assistance and training to families of children with special health care needs and their professional partners since 2007. Your Advisory Group notes that there are approximately 8,000 youth under the age of 18 with special health care needs in Honolulu County, of which almost 30% are living with a single primary care giver. Likewise, caregivers of adults with dementia face the same challenges.

**Request #1: \$2,623,000 to provide a respite care program for families caring for someone with disabilities**

Families who are home bound caring for loved ones with special health care needs face unique challenges, which are compounded if the sole care giver is simultaneously the family's sole breadwinner. Caregivers in this role were previously able to manage their own self-care because their loved one either went to school or a day program. With the closure of the schools and day programs due to the COVID -19 pandemic, caregivers are called upon to be "32/7" – 24/7 caregivers and 8/7 dutiful employees. While financial incentives and assistance have helped the fiscal bottom line for families, what they are really asking for is respite, time-limited relief from total caregiving.

The process would require a referral from a primary care provider who has vetted the family needs. 74% of all children in the state have a usual source of health care, 100% of children on Medicaid have a primary care provider assigned to provide care. The number of hours and frequency would be based upon the funding, so an assessment of need would not be required, and would rely on the clinical judgment of the physician. The same model could also be applied to families caring for individuals with dementia. Criteria for the selection of agencies to provide respite could be established to support small businesses. Agencies would be responsible for providing PPE and transportation of respite workers.

A preliminary budget for the program during the period of July 15, 2020 – December 30, 2020 is based upon serving 3,000 families in a mixed service delivery of agency and family-based respite. The cost per family utilizing a monthly service equates to \$800.00 per family in direct services.

When the management, project support and administrative overhead is included into the total, the amount per family is approximately \$875.00 which equates to 91% of the cost for direct services.

<b>Respite for the 32/7 – Summary Budget</b>			
<b>Expenses</b>	<b>Units</b>	<b>Base Rate</b>	<b>Extension</b>
<b>Agency Respite, Encounters</b>	7,500	\$ 160.00	\$ 1,200,000.00
<b>Family-based Respite, Encounters</b>	15,000	\$ 80.00	\$ 1,200,000.00
<b>Training and Support, FTE</b>	40%	\$ 120,000.00	\$ 48,000.00
<b>Project Coordinator, FTE</b>	75%	\$ 60,000.00	\$ 45,000.00
<b>Data Analyst/Web Form Designer, FTE</b>	5%	\$ 100,000.00	\$ 5,000.00
<b>De Minimis Indirect</b>	5%		\$ 125,000.00
<b>TOTAL</b>			<b>\$ 2,623,000.00</b>

**Request #2: \$1,358,500 to provide a virtual visit program for seniors and persons with disabilities**

Social isolation can cause serious health issues and is compounded by the pandemic. Many of these individuals live at home and have been restricted from seeing family members. Many may not have the equipment, connectivity, or technical expertise to independently access social media platforms such as Zoom or FaceTime. Many nursing homes have successfully connected isolated residents with their families through technology. Individuals who may not have the means to live in an assistive living facility or a designated senior/disability community are not as fortunate. These individuals would benefit from coordinated online visits either in home or “near-by” in community based “safe” hubs with a support individual.

The process would be dependent upon outreach from agencies to find these individuals who could benefit from assistance in virtual visits. Successful virtual visitors could be engaged to contact their friends to talk about the service and recruit participants thereby increasing utilization but also instigating a “social interaction.” Community-based resource centers would be responsible for providing PPE and maintaining CDC/OSHA defined guidelines.

A preliminary budget for the program during the period of July 15, 2020 – December 30, 2020 is based upon providing 100 days of service across 10 communities for both the resource centers and the mobile outreach. Each site would be in operation for 4 hours a day, 5 days a week and staffed with two personnel, with 4 stations. Each mobile site would be in operation for 4 hours a day, 5 days a week and staffed by one personnel. With a 50% average utilization across the life span of the project, the project could provide at a minimum 10,000 virtual visits. The per virtual visit cost could be projected to be between \$60.00 - \$135.00 based upon utilization. With

the capacity to connect an Oahu resident with at least 2 other visitors, at a minimum 30,000 connections would be made and reinforced.

<b>Virtual Visits Summary Budget</b>			
<b>Expenses</b>	<b>Units</b>	<b>Base Rate</b>	<b>Extension</b>
Resource Center Sites, Days	10,000	\$ 60.00	\$ 600,000.00
Resource Center Equipment	40	\$ 500.00	\$ 20,000.00
Mobile Service Equipment and Supplies	10	\$ 3,450.00	\$ 34,500.00
Resource Center Staffing, half days (20 staff)	2,000	\$ 175.00	\$ 350,000.00
Mobile Service Staffing, half days (10 Staff)	1,000	\$ 175.00	\$ 175,000.00
Training and Support, FTE	20%	\$ 60,000.00	\$ 12,000.00
Project Coordinator, FTE	150%	\$ 72,000.00	\$ 108,000.00
Data Analyst/Web Form Designer, FTE	5%	\$ 100,000.00	\$ 5,000.00
De Minimis Indirect	5%		\$ 54,000.00
<b>TOTAL</b>			<b>\$ 1,358,500.00</b>

**(6) St. Francis Healthcare System**

St. Francis Healthcare System was founded in the late 19<sup>th</sup> century in Honolulu as St. Francis Hospital by St. Marianne Cope aka “Mother Marianne” of the Sisters of St. Francis. Mother Marianne eventually relocated to Kalaupapa, Moloka’i in 1889 to take over the then-ailing Father Damien’s ministry to the lepers.

**Request: \$2,572,000 for St. Francis Meals and Wrap-Around Services program**

To deliver daily hot meals or frozen meals delivered to seniors. In addition, provide care coordination services to help reduce healthcare costs in the short- and long-term. This allows federal and state dollars allocated for Medicare and Medicaid to extend further in the community. This existing program has been in place since April 2020 as an initiative between various restaurants, St. Francis, and Meals on Wheels, and offers the following activities:

- Home delivery of nutritious meals (hot or frozen)
- Assistance with navigating the healthcare system, advocacy on your behalf, and coordination of your care with your healthcare providers
- Advance health care directives to allow your family to know and follow your wishes
- Caregiver education, training and support
- Assistance with applications for Medicaid services

- Assessments for language, cognitive or literacy barriers that may impede decision making or problem solving
- Initiating and completing referrals for in-home community services (bathing transportation, etc.)
- Assistance with placement in care facilities when independent living at home is no longer feasible.

This program will track the number of meals delivered and the number of seniors and others who need additional services. St. Francis Healthcare System continually refines its care coordination model using evidence-based care metrics to demonstrate better outcomes and value. Program outcomes are as follows:

- Average of 450 visits / follow-up phone calls with clients each month;
- Increased health maintenance of the homebound individual through the provision of these comprehensive services;
- Decreased depression due to regular social interaction with meal provider and St. Francis;
- Increased sense of safety and access to resources due to comprehensive services connection;
- Reduction of hospital admissions/re-admissions or early entry into a nursing home due to comprehensive service provided; and
- Volunteer satisfaction and sense of value in giving back to their community.

The Social Service program will track the following:

- Track the number of clients who receive social services in addition to meal delivery services.
- Perform an initial assessment to determine the clients concerns through motivational interviewing.
- Compare the client's initial acuity scale assessment to their discharge acuity scale. The program's key element is being able to improve the health and well-being of a client from the time of Admission until the time of Discharge based on goals defined by the client.
- Volunteer Satisfaction Survey to determine if the service has improved the health and well-being of a client and the client's overall quality of life.

The Meal Delivery program will track the following:

- Track the number of clients who continue to receive meals throughout the grant period
- Reviewing new clients accessing nutritious lunches
- Track the number of clients who continue to receive meals even with a shift in their health (e.g., termination; admission to hospital temporarily, changing to more highly therapeutic diet, etc.);
  - Reviewing the number of clients who terminate or change service and why
  - Key indicator to demonstrate clients' continuing ability to live independently in their own homes

CITY COUNCIL  
CITY AND COUNTY OF HONOLULU  
HONOLULU, HAWAII  
C E R T I F I C A T E

RESOLUTION 20-210, CD1

Introduced: 08/19/20 By: IKAIKA ANDERSON  
TOMMY WATERS Committee: ECONOMIC ASSISTANCE  
AND REVITALIZATION

Title: RESOLUTION SUPPORTING THE RECOMMENDATIONS OF THE SELECT COMMITTEE ON ECONOMIC  
ASSISTANCE AND REVITALIZATION'S STAKEHOLDER ADVISORY GROUP.

Voting Legend: \* = Aye w/Reservations

08/26/20	ECONOMIC ASSISTANCE AND REVITALIZATION	CR-204 – RESOLUTION REPORTED OUT OF COMMITTEE FOR ADOPTION AS AMENDED IN CD1 FORM. 5 AYES: ELEFANTE*, FUKUNAGA, KOBAYASHI, MENOR, WATERS. 1 EXCUSED: MANAHAN.
09/09/20	COUNCIL	CR-204 AND RESOLUTION 20-210, CD1 AS AMENDED WERE ADOPTED. 9 AYES: ANDERSON, ELEFANTE, FUKUNAGA, KOBAYASHI, MANAHAN, MENOR, PINE, TSUNEYOSHI, WATERS.

I hereby certify that the above is a true record of action by the Council of the City and County of Honolulu on this RESOLUTION.

  
GLEN I. TAKAHASHI, CITY CLERK

  
IKAIKA ANDERSON, CHAIR AND PRESIDING OFFICER